

MR. Autry Earl Barney  
517 Cherry Ave.  
Jackson, Alabama 36545-3607

FILED

March 11, 2022

2022 MAR 29 AM 10:33

CLERK  
US BANKRUPTCY COURT  
DISTRICT OF DELAWARE

Shannon M. Clougherty  
CAMPBELL & LEVINE, LLC  
310 Grant Street, Suite 1700  
Pittsburgh, PA 15219-2399  
412-261-0310  
Fax 412-261-5066

CIVIL ACTION NO. 01-1139

Chapter 11

WRG Asbestos PI Trust  
P.O. Box 1390  
Wilmington, DE 19899-1390

RE: W.R. Grace Asbestos PI Trust Claim No. 38553519

Dear MS. Shannon M. Clougherty:

I received a letter March 4, 2022 saying this Law Firm represents the WRG Asbestos PI Trust. I would like a copy of my father WRG claim form, and a copy of the settlement form release that he already signed.

I don't know what special WR Grace products that you or the trust is looking for. He was exposed of alot of WR Grace products I would like a copy of the asbestos product and code. The (TDP) says any products or materials containing asbestos, that were manufactured, sold, supplied, produced,

Distributed or in any way marketed by W.R. Grace and/or any of the Debtors (Collectively Grace (or any past or present Grace Affiliate, or any of the predecessors of Grace or any of their past or present Affiliates, or any of the predecessors of Grace or any of their past or present Affiliates, or any other Entity for whose products or operations Grace allegedly has liability or is otherwise liable.

Sincerely,  
Autry Earl Barney Pro Se.

*Autry Earl Barney pro se.*

*copy*

TRANSMISSION VERIFICATION REPORT

TIME : 03/11/2022 09:46  
NAME : MACS DRUGS  
FAX : 2512462277  
TEL : 2512463616  
SER. # : BROJ8J665284

DATE, TIME	03/11 09:46
FAX NO./NAME	14122615066
DURATION	00:00:20
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**CAMPBELL & LEVINE, LLC**  
**310 Grant St., Suite 1700**  
**Pittsburgh, PA 15219-2399**



9590 9402 7153 1251 1585 24

2. Article Number (Transfer from service label)

7020 1290 0002 0174 9730

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *DPoff*☐ Ag☐ Ad

B. Received by (Printed Name)

C. Date of  
3/15/

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail

Mail Restricted Delivery

(00)

☐ Priority Mail Exp☐ Registered Mail®☐ Registered Mail

Delivery

☐ Signature Confir

Restricted Deliv

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return F

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

Pittsburgh, PA 15219

Certified Mail Fee

\$ 3.75

Extra Services &amp; Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ 0.00☐ Return Receipt (electronic) \$ 0.00☐ Certified Mail Restricted Delivery \$ 0.00☐ Adult Signature Required \$ 0.00☐ Adult Signature Restricted Delivery \$ 0.00

Postage

\$ 0.58

Total Postage and Fees

\$ 7.33

Sent To

**CAMPBELL & LEVINE, LLC**

Street and Apt. No., or PO Box No.

**310 Grant Street, Suite 1700**

City, State, ZIP+4®

**Pittsburgh, PA 15219-2399**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark  
Here

03/11/2022

7020 1290 0002 0174 9730



310 Grant Street, Suite 1700  
Pittsburgh, PA 15219-2399  
Telephone: 412-261-0310  
Facsimile: 412-261-5066

Shannon M. Clougherty • sclougherty@camlev.com

---

**Campbell & Levine, LLC**  
Attorneys at Law

March 4, 2022

**Via Federal Express**  
Mr. Autry Earl Barney  
517 Cherry Avenue  
Jackson, AL 36545

Re: W.R. Grace ("WRG") Asbestos PI Trust Claim 38553519

Dear Mr. Barney:

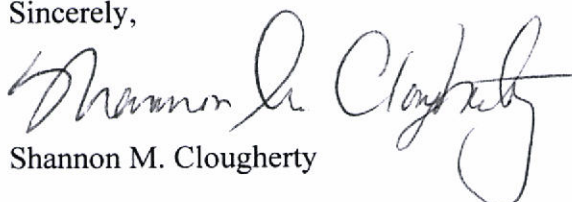
As you know, this Law Firm represents the WRG Asbestos PI Trust (the "Trust"). We are in receipt of the Proof of Claim that you sent to the Trust and received by us on February 28, 2022 for the claim you filed with the WRG Asbestos PI Trust at Claim 38553519 (the "Claim").

As we previously advised, the Claim is deficient for (1) failing to provide meaningful and credible evidence identifying a WRG asbestos-containing product that allegedly caused your injury; and (2) violating the applicable statute of limitations. The Proof of Claim that we received on February 28, 2022 fails to cure either of the foregoing deficiencies.

Inasmuch as it seems you are unable to provide any further information to resolve the deficiencies, you may request in writing that the Trust deny the Claim, so that you may pursue Alternative Dispute Resolution ("ADR") of the Trust's determinations pursuant to the TDP's ADR rules. As I previously advised, you can send that request to me.

If you would like to discuss further, please contact me.

Sincerely,



Shannon M. Clougherty

cc: David Salzman (via email dsalzman@camlev.com)

**WRG ASBESTOS PI TRUST  
PROOF OF CLAIM FORM**

**(Part 3, continued)**

1. Site/Plant/Ship where Exposure Occurred:

If the site is on the Grace approved site list, enter the Site Code from Exhibit A (available on website):

Approved Site Code (see Exhibit A): \_\_\_\_\_

If a Site Code is entered, please skip to question 2, otherwise provide:

Name of Ship/Plant/Site of Exposure: Scott Paper

City: Mobile

State/Province: Alabama

Country: U.S.A.

If this exposure involved products manufactured, sold, supplied, produced, specified, selected, distributed, or in any way marketed by Grace, or for which Grace is responsible, identify the products and provide the evidentiary basis for the claim that these products were at that site:

Zenolite Insulation

2. Date Exposure began: 12 / 1960 Date Exposure ended: 12 / 1969  
(month) (year) (month) (year)

3. Occupation at time of Exposure (e.g., Boilermaker, Laborer, etc.):

4. Industry in which Exposure occurred: 37 (Industry codes listed below)

If Code 37 - Other, please describe: laborer

**Industry Codes**

- |                                         |                                     |
|-----------------------------------------|-------------------------------------|
| 10. Asbestos mining                     | 24. Petrochemical                   |
| 11. Aerospace/aviation                  | 25. Insulation                      |
| 12. Asbestos abatement                  | 27. Railroad                        |
| 13. Automobile/mechanical friction      | 30. Shipyard-construction/repair    |
| 16. Chemical                            | 31. Textile                         |
| 17. Construction                        | 32. Tire & rubber                   |
| 18. Iron/steel                          | 33. Utilities                       |
| 19. Longshore                           | 34. Asbestos products manufacturing |
| 20. Maritime                            | 36. Building occupant/bystander     |
| 21. Military                            | 37. Other                           |
| 23. Non-asbestos products manufacturing |                                     |

**WRG ASBESTOS PI TRUST  
PROOF OF CLAIM FORM**

5. **Significant Occupational Exposure (SOE)** If the injured party's occupation does not appear on the list of Presumptive SOE Occupations Ratings (available at [www.wrgraceasbestostrust.com](http://www.wrgraceasbestostrust.com)), please skip to question 6. If it does appear on the list, indicate circumstances of exposure to asbestos products or activities (check all applicable):

- ☒ The injured party handled raw asbestos fibers on a regular basis
- ☒ The injured party fabricated asbestos-containing products such that the injured party in the fabrication process was exposed on a regular basis to raw asbestos fibers
- ☒ The injured party altered, repaired or otherwise worked with an asbestos-containing product such that the injured party was exposed on a regular basis to asbestos fibers
- ☒ The injured party was employed in an industry or occupation such that the injured party worked on a regular basis in close proximity to workers who did one or more of the above three activities
- ☐ None of the above

6. If the injured party's occupation **does not** appear on the list of Presumptive SOE Occupations Ratings, or "None of the above" was checked in question 5 above, provide a description of how the injured party was exposed to asbestos at each relevant site.
- 
- 

7. **Grace Exposure.** Every claimant must submit evidence of exposure to Grace asbestos products or activities. **For claimants whose exposure is described in clause (ii) of the definition of Grace Exposure on page 5 herein ("Libby Claimants") and who are not claiming occupational exposure at the Libby Mine or Mill, check box 6 below and move directly to section 7(c).**

- a. To demonstrate exposure to Grace products or activities, check the applicable box below. If you check box 5, answer question 7(b). If any of the first four boxes are checked, proceed to question #8. Provided, however if box #1 is checked and there is no date on the site list, question 7(b) must be answered. (check one box only)
- ☐ 1. The site in question 1 is on the Grace approved site list, and the injured party worked there during the appropriate time period (if there is no date on the site list, please answer the question 7(b) below); or
- ☐ 2. Claimant's answer to question 1 is the injured party's personal identification of exposure to Grace's asbestos products/activities; or
- ☐ 3. Claimant's answer to question 1 otherwise identifies Grace's asbestos products/activities at this site (e.g. coworker affidavit), and also identifies the injured party by name; or
- ☐ 4. The answer to question #1 provides evidence that Grace's asbestos products or activities were at this site and further sets forth that the injured party worked at this site within a year of having demonstrated that the asbestos products or activities were present at the site;



**WRG ASBESTOS PI TRUST  
PROOF OF CLAIM FORM**

- ☐ 5. None of the above apply and the injured party is not a Libby Claimant; or
- ☐ 6. Claimant is alleging exposure to (a) asbestos, asbestos-containing winchite asbestos or unexpanded asbestos-containing vermiculite ore in Lincoln County, Montana or (b) asbestos, asbestos-containing winchite asbestos or asbestos-containing vermiculite ore from Lincoln County, Montana during transport or use prior to the completion of a finished product at an expansion plant.

- b. If the box 5 was checked, or if box 1 was checked and there is no date on the site list, provide a description of the injured party's exposure to the type of asbestos products or activities that you have attributed to Grace at this site:

---

---

---

- c. If box 6 was checked, provide a description of the injured party's exposure to asbestos, asbestos-containing winchite asbestos or unexpanded asbestos-containing vermiculite ore in Lincoln County, Montana. For exposures within Lincoln County, please provide the location(s) of exposure (ex. home or business address) and state the relevant time period for each location. For transport or use exposures, please provide the exposure site and a description of the injured party's exposure including occupation, if relevant. Attached additional sheets if necessary.

---

---

---

8. If this exposure is in support of *Exposure to an Occupationally Exposed Person* from Part 4 hereunder, please enter the name of the occupationally exposed individual:

Barney (Last) Lampson (First)  (MI)

